

COMMONWEALTH OF MASSACHUSETTS
Division Of Insurance
Special Brokers Insurance Return
Year Ending December 31, 2003

	Name of Insured (Alphabetical Order)	Description Of Risk	Location Of Risk	Type Of Coverage	Amt Of Coverage	Policy Effective Date	Gross Premium \$	Return Premium \$	Net Premium \$	Company Name	Company NAIC #
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Page Total

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Special Broker Name: _____
Federal Tax ID# _____

I hereby certify that the foregoing is a true copy of my record:
Spec. Broker Signature _____
Print Name Appearing On License _____
Date: _____